

Lee Mental Health Center

NOTICE OF PRIVACY PRACTICES

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Ruth Cooper Center is required by law to maintain the privacy of your information, and to provide you with this notice of our legal duties and privacy practices with respect to this information.

USES & EXAMPLES OF DISCLOSURES OF INFORMATION FOR TREATMENT AND RUTH COOPER CENTER OPERATIONS

We will use your information for treatment.

For example: Information obtained by your clinician, resource coordinator, or service provider will be recorded in your clinical record and used to help determine the course of treatment that you and the treatment team believe will work best for you. The clinician, resource coordinator, or service provider will record the actions they took and their observations. Other members of your treatment team will review your clinical record to assess how your treatment is progressing.

We will use your information in our day to day operations to aid and improve your care.

For example: Members of the RCC clinical staff, in order to perform quality improvement or risk management activities, may use information in your clinical record to evaluate the care and outcomes in your situation and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the care and service we provide to all people we serve.

We may use your information to contact you to remind you of your appointments.

There are some services provided to our organization through contracts with business associates. Examples include transcription services, and a copy service we use when making copies of your clinical record (when requested and authorized by you). A dietitian and a pharmacist also provide services to some individuals served by Ruth Cooper Center (RCC). When these services are contracted, we may disclose your information to our business associate so that they can perform the job we've asked them to do. To protect your information, we require the business associate to appropriately safeguard your information. At your request, we will disclose to you who these associates are and share with you how these associates protect your information.

USES AND DISCLOSURES OF INFORMATION WITH YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of your confidential information will be made only with your written authorization, unless otherwise permitted or required by law.

For example: You must give specific written permission before being filmed, taped, etc., or becoming part of a research project.

You must give written permission before we can disclose information to your health insurance provider.

You have the right to determine the amount and type of information to be released to anyone outside RCC. You also have the right to determine the amount and type of information to be sent to RCC from outside persons or agencies. You have the right to determine the length of time that information can be released. RCC procedures allows permission to be valid for one time only up to 365 days. You may cancel your permission to release information at any time, except for information already released.

USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

There are several important instances when confidential information may be released to others without your permission.

If we have reason to believe that you are abusing or neglecting your children, or if you tell us your spouse or someone else is abusing your or any other children, we are obligated by law to report this to the appropriate state agency. The law is designed to protect children from harm and the obligation to report suspected abuse or neglect is clear in this regard.

If you are receiving mental health services, and if we have reason to believe that you are abusing, neglecting, or exploiting an aged person or disabled adult, or if you tell us that someone is abusing, neglecting, or exploiting and aged person or disabled adult, we are obligated to report this to the appropriate agency.

If you indicate you intend to harm either yourself or someone else, and we believe your intent to be serious, we are obligated under the law to take action to protect you and/or other people from harm. This may include initiating a Baker Act, contacting law enforcement, or other means to keep you and other free from harm.

If we diagnose you as having a reportable communicable disease such as TB, hepatitis, AIDS, or a sexually transmitted disease, we are required by law to report this to the Health Department.

If you are experiencing a life-threatening or potentially disabling medical emergency, we are required to release to medical personnel the minimum amount of information necessary to quickly aid the situation (for example: diagnosis, medication). The information will be given only on a need to know basis.

In some instances, a court of law can obtain information about you without your permission. Although RCC does not automatically release information about you to the court when it receives a court order, a judge may set aside your rights to privileged communication. If you have been referred by the court (☞ court-ordered), you should discuss with us exactly what information may be included in a report to the court. You should also be aware that failure to release information to a court or a referral agency may have adverse consequences for you.

The state of Florida may require that some of our programs release your social security number to qualified state personnel for the purpose of auditing and/or program evaluations. The state is also governed by federal regulations and state laws that protect your right to confidentiality.

Taking into account the exceptions to confidentiality, you should remember that you have the right to tell us only what you want us to know. If you have concerns about confidentiality, please discuss them with us before you share personal information.

YOUR RIGHTS

You have the right to see your record and/or obtain a copy of it for a fee after a written request has been received.

You have the right to amend or enter notes into your clinical record, or record your own observations and comments at any time. This applies to receiving services as an outpatient or in any residential or crisis program. Please contact our Privacy Officer/Clinical Records Director if you have any questions about this.

Even though all disclosures we already make are minimally necessary, you have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, or healthcare operations. Also, you have the right to request a restriction on the people who are able to obtain the information we disclose. To request a restriction or limitation, please send your request in writing to the Clinical Records Director/Privacy Officer. However, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

You have the right to request to receive confidential communication from us by alternative means or at an alternative location. We will accommodate requests. We may ask you for information as to how payment will be handled or how to contact you (by address or phone number). We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer/Clinical Records Director.

You have the right to receive an accounting of disclosures we have made (with the exception of those we are not permitted to disclose), if any, or your confidential information. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003.

You have the right to receive a paper copy of this notice from us, upon request.

We are required to abide by the terms of this Notice of Privacy Practices. If we revise this notice, we will distribute copies to active clients. The revised notice will be effective for all confidential information that we maintain at any time. You may also obtain a copy of the notice by accessing our website (www.ruthcoopercenter.org), calling RCC and requesting that a copy be sent to you, or asking for one at the time of your next visit.

If you have any questions about this Notice, please contact the Center Advocate,

Privacy Officer/Clinical Records Director, or Compliance Director at 275-3222.
You may also contact your legal counsel or the following advocacy organizations:

Local Advocacy Committee	338-1436
Advocacy Center for Persons with Disabilities	1-800-342-0823

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may contact the district office of the Department of Children & Families, Office of Alcohol, Drug Abuse, & Mental Health at 338-1262. You may contact our Center Advocate, Privacy Officer/Clinical Records Director, or Compliance Director at 275-3222 for further information about the complaint process. Retaliation against you for filing a complaint will not be tolerated.

This notice becomes effective on April 14, 2003.